

09-10-03

AF/

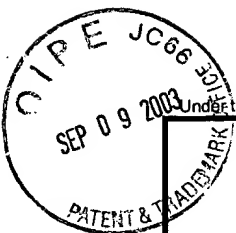
2882

PTO/SB/21 (08-00)

Approved for use through 10/31/2002. OMB 0651-0031

U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction act of 1995, no person is required to respond to a collection of information unless it displays a valid OMB control number.



TRANSMITTAL FORM

(to be used for all correspondence after initial filing)

Total Number of Pages in This Submission

9

Application Number

09/682,001

Filing Date

July 6, 2001

First Named Inventor

Ganin

Group Art Unit

2992

Examiner Name

C. Church

Attorney Docket Number

15-XZ-5881 (MHM
13043US01)

ENCLOSURES (check all that apply)

- | | | |
|--|--|---|
| <input checked="" type="checkbox"/> Fee Transmittal Form
<input type="checkbox"/> Fee Attached
<input type="checkbox"/> Amendment/Reply
<input type="checkbox"/> After Final
<input type="checkbox"/> Affidavits/declaration(s)
<input type="checkbox"/> Extension of Time Request
<input type="checkbox"/> Express Abandonment Request
<input type="checkbox"/> Information Disclosure Statement
<input type="checkbox"/> Certified Copy of Priority Document(s)
<input type="checkbox"/> Response to Missing Parts/Incomplete Application
<input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53 | <input type="checkbox"/> Assignment Papers (for an Application)
<input type="checkbox"/> Drawing(s)
<input type="checkbox"/> Licensing-related Papers
<input type="checkbox"/> Petition
<input type="checkbox"/> Petition to Convert to a Provisional Application
<input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address
<input type="checkbox"/> Terminal Disclaimer
<input type="checkbox"/> Request for Refund
<input type="checkbox"/> CD Number of CD(s) _____ | <input type="checkbox"/> After Allowance Communication to Group
<input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences
<input checked="" type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief)
<input type="checkbox"/> Proprietary Information
<input type="checkbox"/> Status Letter
<input type="checkbox"/> Other Enclosure(s) (please identify below): |
|--|--|---|

Remarks

Reply Brief in Triplicate

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Firm
or
Individual Name

McAndrews Held & Malloy, Ltd.

Signature

Date

CERTIFICATE OF MAILING

"Express Mail" mailing label number EL 849 001 286 US _____

Date of Deposit: September 9, 2003

Name (Print/type)

Joseph M. Butscher

Registration No. (Attorney/Agent)

48,326

Signature

Date

Sept. 9, 2003

 RECEIVED
 SEP 15 2003
 TECHNOLOGY CENTER 2800